

-Any anti-partum hemorrhage is considered Placenta Previa until proved otherwise

-Definition:

The placenta is implanted in the lower uterine segment and located over the internal os (esp. posteriorly)
Separation of placenta may occur at any time leading to Ante-Partum hemorrhage (28 wks - delivery)

-Incidence: 0.5% - 1.5%

-Etiology: Uncertain

- High risk factors:**
- Maternal age: >35 years
 - Multiparity: 85% - 90%
 - Smoking
 - Any cause of scared uterus: (Prior cesarean delivery: 5 times – Myomectomy – D&C – Endometritis)
 - Previous occurrence of Placenta Previa

-Classification:

According to distance of placenta from internal os:

- A) **-Major:** Placenta is less than 3 cm from internal os - **Minor:** more than 3 cm from internal os
- B) **-Marginal:** The edge of the placenta is at the margin of the internal os.
 - **Partial:** The internal os is partially covered by placenta
 - **Total:** The internal cervical os is covered completely by placenta

-Manifestations: (Painless Causeless Recurrent Bleeding)

Painless hemorrhage: (The most characteristic symptom)

-Time: late pregnancy (after the 28th week) and delivery

-Characteristics: sudden, painless and profuse

-Cause of bleeding:

Mechanical separation of the placenta from its implantation site, either during the formation of the lower uterine segment or during effacement and dilatation of the cervix in labor.

****May occur due to trauma, sexual intercourse or during Per-Vaginal examination**

Signs:

- 1-Anemia or shock: ▪Repeated bleeding → anemia ▪Heavy bleeding → shock
- 2-Abnormal fetal position: ▪A high presenting part ▪Breech presentation (often)

Diagnosis:

A) **History:** 1-Painless hemorrhage at late pregnancy or delivery 2-History of curettage or CS

B) **NO PV examination in any case of Ante-partum hemorrhage until exclusion of Placenta Previa**

متعمش PV إلا في غرفة العمليات ويكون معاك حد متعقم وجاهز إنه يفتح CS لو حصل bleeding

C) **Ultrasonography:** The most useful diagnostic method: 95% D) MRI

Differential Diagnosis:

-Placental abruption: vagina bleeding with pain, tenderness of uterus.

-Vasa previa: fetal vessels crossing or running in close proximity to the inner cervical os.

*any bleeding is from fetal blood so minimal amount may lead to severe fetal distress

-Abnormality of cervix: cervical erosion or polyp or cancer

Treatment:

A) **Expectant therapy** (with minimal amount of bleeding)

Rest + Controlling the contraction e.g. Tocolytics + Treatment of anemia + Preventing infection
+ enhance lung maturity and surfactant formation e.g. Dexamethasone

B) Termination of pregnancy

-CS: Total placenta → 36th wks, Partial → 37th week and heavy bleeding with shock

-Preventing postpartum hemorrhage: pitocin and PG

-Hysterectomy: Placenta accreta or uncontrolled bleeding

****Dangerous Placenta Previa:**

Posterior low lying placenta → compression against sacrum → ↓ Fetal Blood supply → IUFD

****Placenta Accreta:**

Attachment of the placenta to the myometrium directly due to presence of scar

